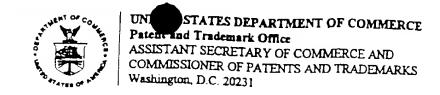
## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1997  Application or Docket Number										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL ENTITY	OR	OTHER THAN OR SMALL ENTITY	
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
BASI	C FEE						395.00	OR		790.00
TOTAL CLAIMS		1/6	// minus 20 = * 8		5	x\$11	-	OR	x\$22=	1870
INDEPENDENT CLAIMS			/			x41=		OR	x82=	902
MUL	TIPLE DEPEND	DENT CLAIM PRE	SENT	+135	=	OR	+270=			
* If tr	e difference in co	olumn 1 is less than :	rero, enter "0" i	. тота	L	OR	TOTAL	3566		
CLAIMS AS (Column 1)			AMENDED - PART II  (Column 2) (Column 3)			SMA	LL ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	=	x\$11	=	OR	x\$22=	J
	Independent	*	Minus	***	=	x41=	:	OR	x82=	
<b>V</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135	=	OR	+270=	
	(Column 1) (Column 2) (Column 3)				TOT. ADDIT. FI		OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	x\$11:	=	OR	x\$22=	
ME	Independent		Minus	***	=	x41=		OR	x82=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135	=	OR	+270=	
	(Column 1) (Column 2) (Column 3)						AL EE	OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	x\$11:	=	OR	x\$22=	
	Independent	*	Minus	***	=	x41=	=	OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						=	OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL OR TOTAL OR ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										



## NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 08 956963

Total

## Total Fee Calculation

Number

	Fee Code	# Claims	Extra	<u>X</u>	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101		$\gamma$			790	190
Total Claims >20	203/103	<u> </u>	85	x		22	1870
Independent Claims >3	202/102	<del>-3=</del>	_//_	x		82	902
Mult. Dep Claim Present	204/104					570	270
Surcharge	205/105					130	130
English Translation	_139						<del></del>
TOTAL FEE CALCULA	ATION						3962
Fees due upon filing th	e application:						
Total Filing Fees Due	=\$3	962					
Less Filing Fees Submi	tted - \$	Ø					
BALANCE DUE	= \$	3962	,	_			

Office of Initial Patent Examination